Department of Revenue
Washington State

MOBILE HOME
REAL ESTATE EXCISE TAX AFFIDAVIT

Submit to County Treasurer of the county in which property is located.

Chapter 82.45 RCW
Chapter 458-61A WAC

This form is your receipt when stamped by cashier.

Used for sales on or after February 1, 2023

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY
PLEASE TYPE OR PRINT
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER (Seller)

Name: PATRICIA R. CHARPENTIER, DECEASED
RAYMOND L. CHARPENTIER, DECEASED
Street: 2015 6TH AVE, SPC 333C
City: CLARKSTON State: WA Zip code: 99403
Phone number:

NEW REGISTERED OWNER (Buyer)

Name: Christina J. Jones
Street: 2015 6th Ave Spc 333C
City: Clarkston State: Wa Zip code: 99403
Phone number: (208) 816-8678

LOCATION OF MOBILE HOME

Name:
Street: 2015 6TH AVE. SPC 333C
City: CLARKSTON State: WA Zip code: 99403

LEGAL OWNER

Name:
Street:
City: State: Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-3300
LIST ASSESSED VALUE(S): $ 49,500

REAL PROPERTY PARCEL or ACCOUNT NO.
LIST ASSESSED VALUE(S): $

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
MARLE	1984		12X67	MHI28190411298B	

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 — Yes (No)

Date of Sale 1-8-24

Taxable Sale Price	$	
Excise Tax: State	$	
Local	$	
Delinquent Interest: State	$	
Local	$	
Delinquent Penalty	$	
Subtotal	$	
State Technology Fee	$	5.00
Affidavit Processing Fee	$	5.00
Total Due	$	10.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) 458-61A-202(6)(i)
WAC Title INHERITANCE, LACK OF PROBATE

A MINIMUM OF $10.00 IS DUE IN FEE(S) AND/OR TAX.

TREASURER'S CERTIFICATE

I hereby certify that property taxes due ASOTIN County on the mobile home described hereon have been paid to and including the year 2023.

1-8-24 — Date
County Treasurer or Deputy

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Seller/Agent
Name (print) Christina J Jones
Date and Place of Signing: 1/8/24

Signature of Buyer/Agent
Name (print) Christina J. Jones
Date & Place of Signing: 1/8/2024

If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer (new owner) of such a lien, the seller is guilty of deliberate deception as it applies to Fraud and/or Theft as defined in Title 9 and 9A RCW (RCW 9.45.050, RCW 9A.56.010 (4d), and RCW 9A.56.020).

PAID
JAN - 8 2024
ASOTIN COUNTY
TREASURER

THIS SPACE - TREASURER'S USE ONLY

REV 84 0003e (01/17/23) COUNTY TREASURER

#56569

WASHINGTON STATE DEPARTMENT OF LICENSING

Affidavit of Inheritance/Litigation

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, see Affidavit of Loss/Release of Interest, Owner deceased, contact a vehicle licensing office, or call (360) 902-3770.

License plate/Registration #	Vehicle identification/Vessel hull identification # (VIN/HIN)	Year	Make	Model	Body style
	MHI2819041129AB	1984	MARLE	MOB	67/27

Inheritance–Complete this section when no executor or administrator is appointed for the deceased. Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Patricia Charpentier (Name of deceased), the registered owner of this vehicle/vessel, died on the 30 (Day) day of December (Month), 2023 (Year). The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is daughter (Relationship to deceased) of the deceased. No relative who would have prior right, except Christina Jones (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

Christina Jones
Print or type name

X _____
Signature

Date

Notarization/Certification–You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

COUNTY AUDITOR ASOTIN COUNTY, WASHINGTON SEAL (Seal or stamp)

State of Washington County of Asotin

Signed or attested before me on 1/8/24 by Christina Jones
Name of person(s) signing this document

Robin Lynch
Notary/Agent/Subagent signature

Robin Lynch
Notary printed or stamped name

Title Deputy and 0221
Dealer or county/office number or notary expiration date

Litigation–County Clerk Certificate of Transfer of Vehicle or Vessel
This certificate, properly completed, will take the place of all other court papers.
Submit this form with a Vehicle or Vessel Title Application and an Odometer Disclosure Statement (if applicable).

I certify that in the superior court of the state of Washington for the County of _____

1. For orders of the court transferring title (including divorce and probate):

An order transferring title to this vehicle/vessel to _____ (Transferee)

at _____ (Transferee address)

was duly entered in _____ (Title of case)

_____ (Name of administrator (if in probate)) _____ (Docket number of case)

on the _____ (Day) day of _____ (Month), _____ (Year).

2. For those cases in which the estate executor or administrator transfers title:

_____ (Name of executor/administrator) was duly appointed under the nonintervention will of _____ (Name of deceased) and is qualified to act as such, and that a decree of solvency has been entered.

X _____
Executor/Administrator signature Date

X _____
County Clerk signature Date

TD-420-041 (R/2/18)VWA

56569

WASHINGTON STATE DEPARTMENT OF LICENSING

Affidavit of Inheritance/Litigation

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, see Affidavit of Loss/Release of Interest, Owner deceased, contact a vehicle licensing office, or call (360) 902-3770.

License plate/Registration #	Vehicle identification/Vessel hull identification # (VIN/HIN)	Year	Make	Model	Body style
	MHI2819041129AB	1984	MARLE	MOB	67/27

Inheritance–Complete this section when no executor or administrator is appointed for the deceased. Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Raymond Charpentier (Name of deceased), the registered owner of this vehicle/vessel, died on the 22 (Day) day of October (Month), 2009 (Year). The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is daughter (Relationship to deceased) of the deceased. No relative who would have prior right, except Christina Jones (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

Christina Jones
Print or type name

X _____
Signature

_____
Date

Notarization/Certification–You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

COUNTY AUDITOR SEAL (Seal or stamp) ASOTIN COUNTY, WASHINGTON

State of Washington County of Asotin

Signed or attested before me on 1/8/24 by Christina Jones
Name of person(s) signing this document

Robin Lynch
Notary/Agent/Subagent signature

Robin Lynch
Notary printed or stamped name

Title Deputy and ODC
Dealer or county office number or notary expiration date

Litigation–County Clerk Certificate of Transfer of Vehicle or Vessel
This certificate, properly completed, will take the place of all other court papers.
Submit this form with a Vehicle or Vessel Title Application and an Odometer Disclosure Statement (if applicable).

I certify that in the superior court of the state of Washington for the County of _____

1. For orders of the court transferring title (including divorce and probate):

An order transferring title to this vehicle/vessel to _____ (Transferee)

at _____ (Transferee address)

was duly entered in _____ (Title of case)

_____ (Name of administrator (if in probate)) _____ (Docket number of case)

on the _____ (Day) day of _____ (Month), _____ (Year).

2. For those cases in which the estate executor or administrator transfers title:

_____ (Name of executor/administrator) was duly appointed under the nonintervention will of _____ (Name of deceased) and is qualified to act as such, and that a decree of solvency has been entered.

X _____
Executor/Administrator signature Date

X _____
County Clerk signature Date

TD-420-041 (R/2/18)VWA

51,589

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-064644

DATE ISSUED: 01/04/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRICIA ROSE
LAST NAME(S): CHARPENTIER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: DECEMBER 30, 2023
HOUR OF DEATH: 01:45 PM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: JUNE 18, 1938
BIRTHPLACE: BOISE, ID

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SUPPLIES
INDUSTRY: HOSPITAL/ HEALTH CARE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: CHRISTINA JONES
RELATIONSHIP: DAUGHTER
ADDRESS: 2015 6TH AVE, #333, CLARKSTON, WASHINGTON, 99403

CAUSE OF DEATH:
A: PROLYMPHOCYTIC T CELL LEUKEMIA
INTERVAL: UNKNOWN
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES, HYPERTENSION, PLEURAL EFFUSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2015 6TH AVE, #333
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2015 6TH AVE 333
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: HUGH COOK
MOTHER: UNKNOWN

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JANUARY 04, 2024

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: JANUARY 03, 2024

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JANUARY 04, 2024

56569

DOH 422-132 (8/18)

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

1. Name on Record: First / Middle / Last	2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First / Middle / Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First / Middle / Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____

7. Return Mailing Address: PO Box or Street Address / City / State / Zip

Telephone Number: ( )

Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:		14b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

ASOTIN COUNTY STATE OF WASHINGTON HEALTH DISTRICT

Bob Lutz, M.D., MPH
Health Officer

JAN 04 2024

56589

0 6 1 8 3 6 5 8

THE SEAL OF THE STATE OF WASHINGTON 1889

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Raymond	Leonard	Charpentier		Oct. 22, 2009

3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
Male	79				Asotin

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
April 2, 1930	Havre'	Montana	completed the 11th grade

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
2015 6th Avenue, #333C	Clarkston

13c. Residence: County	13d. Tribal Reservation Name (If applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Asotin		Washington	99403	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
10 Years	Married	Patricia Rose Cook

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Salesman	Retail

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Raymond William Charpentier	Faye Joyce Butts

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip
Pat Charpentier	Wife	2015 6th Avenue #333C Clarkston WA 99403

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedant's Home

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
2015 6th Ave. #333C	Clarkston	WA	99403

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Mountain View Crematory	Lewiston Idaho

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Merchant Funeral Home 1000 7th St. Clarkston WA 99403	October 29, 2009

33. Funeral Director Signature X Jerry Barton

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Self-Inflicted Gunshot Wound to the head	Immediate
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
	☐ Yes ☒ No	☐ Yes ☐ No

Part 2 completed by Certifier

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☐ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☒ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?
10/22/2009	22:12	Decedent's home	☐ Yes ☒ No ☐ Unk

45. Location of Injury: Number & Street: 2015 6th Ave #C333 Apt No.

City or Town: Clarkston County: Asotin State: WA Zip Code+ 4: 99403

46. Describe how injury occurred	47. If transportation injury, specify:
Self-Inflicted Gun shot Wound to the head	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.

X

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Benjamin C. Nichols, Coroner P.O. Box 220 Asotin WA 99402	2212

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	10/27/2009

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
			☒ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X [signature]	OCT 28 2009

59. Amendments

56516

DOH 103-003 (5/99)

THE STATE OF WASHINGTON ... 1889 ... NOTARY

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE RAISED SEAL.

Washington State Department of Health

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number

Use the section below for requesting any changes on the record.

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other (Specify)**	Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:
- Certificate of Naturalization
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
   - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev 9/2002)

RAISED SEAL

GRAYS HARBOR COUNTY STATE OF WASHINGTON HEALTH DISTRICT

Lawrence M. Garges, M.D.
Health Officer

OCT 28 2009
PP00521718
56569

STATE OF WASHINGTON

VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9927102601

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER/USE	SERIES & BODY STYLE
%97323	09/28/1999	1984	MARLE	MOB	67/27T

VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE
MHI2819041129AB			0000000	EXEMPT ODOMETER DISCLOSURE

COMMENTS/ BRANDS

58900 1999

PRIOR TITLE STATE	PRIOR TITLE NUMBER
WA	9921002505

REGISTERED OWNER
SAME AS LEGAL OWNER BELOW

LEGAL OWNER
CHARPENTIER,RAYMOND L
CHARPENTIER,PATRICIA R
2015 6TH AVE SPACE #333C
CLARKSTON WA 99403-1545

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____ REGISTERED OWNER SIGNATURE _____ DATE OF SALE

BY _____ REGISTERED OWNER SIGNATURE _____ DATE OF SALE

SALE PRICE _____

SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____ FIRST LEGAL OWNER-SIGNATURE & TITLE _____ DATE RELEASED

BY _____ SECOND LEGAL OWNER-SIGNATURE & TITLE _____ DATE RELEASED

LEGAL OWNER: When lien is satisfied, release interest, by signing above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170.

TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY (SEE REVERSE FOR ADDITIONAL INFORMATION)

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED

DIRECTOR, DEPARTMENT OF LICENSING

10799 0011059 AB
TD-420-002 0011059 AB

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Seller: Please DETACH HERE

STATE OF WASHINGTON - DEPARTMENT OF LICENSING

Seller: Please DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES

DOL USE ONLY

WARNING: THIS FORM DOES NOT TRANSFER TITLE

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

LICENSE NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)	POWER/USE	SERIES AND BODY STYLE	TITLE NUMBER
%97323	1984	MARLE	MHI2819041129AB	MOB	67/27T	9927102601

TRANSFEROR/SELLER: To be released from civil/criminal liability for the operation of the vehicle you must fill in this form COMPLETELY. The completed form MUST be delivered to your local licensing agent, or mailed, and delivered, to the Department of Licensing, within 5 days from the date of delivery of the vehicle. The DOL mailing address is:

State of Washington
Department of Licensing
PO BOX 9038
OLYMPIA WA 98507-9038

SELLER

NAME OF SELLER/TRANSFEROR (CURRENT REGISTERED OWNER)

COMPLETE ADDRESS OF SELLER/TRANSFEROR

CITY STATE ZIP CODE

PURCHASER

NAME OF PURCHASER/TRANSFEREE

COMPLETE ADDRESS OF PURCHASER/TRANSFEREE

CITY STATE ZIP CODE

DATE VEHICLE WAS SOLD	TODAY'S DATE	VEHICLE PURCHASE PRICE	SELLER'S/TRANSFEROR'S SIGNATURE
			X

4/97 The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

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